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"NEC TENUI PENNA."

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ANOTHER PHASE OF THE GAME.

"The Young Churchman" is a Sunday-school paper published at Milwaukee. We extract from it the following notice of the Phenomenon's beneficiary. Of course, this thing is getting somewhat monotonous; but we believe the "Young Churchman" gives a somewhat novel phase to the game. Fooling the ordinary innocence throughout the country would have satisfied ordinary ambition, but not that of the Phenomenon. It wished to take in missionaries, and it can be seen below how it does it:

"The Trustees and Faculty of the Louisville Medical College (Kentucky) have created a number of Beneficiary Scholarships for the purpose of aiding worthy young men desiring to study for the medical profession who are unable to meet the expense from their own means.

"The Faculty have also granted us permission to name students desiring to avail themselves of the privilege of these scholarships; and it will, therefore, be a pleasure to us to send in the names of any young men that give us assurance of proper character. Any one contemplating a theological course would add greatly to his qualifications for missionary work by taking a medical course also. Then, by following the example of St. Luke, he may have the blessedness of being known as a 'Beloved Physician.'

THE Boston Journal advises young men of fortune to study medicine—not for the good which they will do the profession, but the good which they will receive.

VOL. II.—No. 19

Original.

CLINICAL LECTURES.

LECTURE VIII.—CLINIC FOR DISEASES OF THE SKIN, UNIVERSITY OF LOUISVILLE.

BY L. P. VANDELL, JR., M. D.,

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Gentlemen,—To-day we have remaining to us the last order of skin diseases of the classification adopted in the first lecture. I ask your attention to the consideration of vegetable parasites. In no other branch of cutaneous disease is there a more positive contrariety of opinion among dermatologists than in this. The dispute, however, is etiological and not therapeutical. In other words, the quarrel relates to cause and not to cure; and in this instance, fortunately, the therapeutical facts are so conspicuous that the etiology is practically of secondary import. As a rule, your first step in medical practice should be to find the cause; but if you already know a sovereign remedy for a disease, then a knowledge of its cause is not a vital necessity. The opinions held by different dermatologists are:

1. There are no vegetable parasites found on the skin.
2. Vegetable parasites are found on the skin, but they are merely accidents of a morbid condition. Floating in the air perpetually and in myriads, they fall on good ground, germinate, vegetate, generate; but are in no wise blamable for any form of dermatitis.
3. Vegetable parasitic life gives rise to cutaneous disease; but there is only one parasite, and this, under varying soil and circumstance, evolves variety of form.

4. Each vegetable parasitic affection possesses its own peculiar plant.

As my object in this brief course is to offer you only essential, practical facts, I shall confine my remarks to the plain natural history of the diseases, and to the established therapeutics of the subject.

Vegetable parasites are more abundant on the young than on the aged.

Vegetable parasites are not apt to occur on persons in perfect health, or on those who are careful and liberal in their ablutions.

Vegetable parasites are never the cause of constitutional debility; but, like the mistletoe, the mosses, the creepers, and the lichens, which we find growing on trees, they simply select a soil suited to their existence, and this soil is found on individuals of depressed vitality; in a word, these parasites are the accidental consequences of debility.

Though not the cause of constitutional derangement, they are the source of much local inconvenience, and by their disfigurement and the itching and pain their presence may cause, they make themselves worthy of serious attention. Happily, their eradication in most cases is certain and easy of accomplishment.

Of the contagiousness of vegetable parasitic diseases there can, it seems to me, be no doubt in the mind of the attentive observer.

As to the apparent specific difference, I adhere to Hebra's belief, that probably one parasite, in different stages of development, is the source of the various forms of vegetable parasites of the skin.

The following are the vegetable parasites commonly encountered in our country. I enumerate them in what I conceive to be the order of their relative frequency: *Tinea circinata*, *tinea tonsurans*, *tinea versicolor*, *tinea decalvans*, *tinea favosa*, *tinea sycosis*.

The origin of the word *tinea* is uncertain. According to some it means the moth-worm, and according to others it comes from *teneo*, to continue. The popular mind associates the idea of a worm with these diseases, and

hence the common name, ring-worm, which we find applied to most of them.

Tinea circinata, which you see beautifully pictured in these Sydenham plates, is, as I before intimated, the most usual variety of vegetable parasite. It is far more frequent during childhood than after that period, although no time of life gives exemption from it. All of you have seen it. It is the common ring-worm. It is not the peculiar heritage of our race, and is not rare on dogs, cats, and other animals. You will observe this eruption begins in small roundish rose-colored spots, palest in the center. These enlarge, day by day, in their circumference, and at the same time heal within the circle; and this process of progression, rapidly followed by death of the preceding crops of tinea, produces the many rings you perceive of deep pink, paler pink, and whitish or soiled scurf. Does not this disease recall to your minds those beautiful, quickly formed, and rapidly widening circles you have often made on some tranquil water by wrinkling its smooth surface with a pebble tossed into it?

The waves of *tinea circinata* are slightly elevated above the sound skin, and the crest of each is covered by minute branny scales of loose epidermis. Small vesicles may occasionally be noticed. Itching, though sometimes present, is not a natural feature of this affection. This herpes may occur as a single patch, or half a dozen or more may exist. The favorite locations are the face, neck, hands, scalp, buttocks, and breast; but it may occur any where else. *Tinea circinata* is perennial—has no allotted period of existence, and endures till destroyed.

Just here let me tell you of *eczema marginatum*, which is often taken for ring-worm. On the inner portion of the thighs, where the scrotum comes in contact with them, and about the anus, and under the pendent breasts of corpulent women—in a word, wherever warmth and moisture are developed by the contact of two cutaneous surfaces—there you are likely to have *eczema marginatum*. In appearance it closely re-

sembles *tinea circinata*. True, it is far more moist; but the moisture is the result of the situation, and a ring-worm in such locations would be moist. The itching of this eczema is fearful, and the temptation to scratch is so irresistible that no circumstance or surroundings can deter its victim from the unhandsome action.

But I need not consume your time with differential diagnosis. The microscope will show the parasite if it be present: and should you possess no microscope you need not despair. The same treatment will cure both. If the eczematous symptoms are decided, then astringent ointments and powders are demanded, and antiperiodic doses of quinine may be required. The parasite of this ring-worm is called *trichophyton tonsurans*.

The treatment of these diseases will be described at the conclusion of the subject, as it is similar in all.

Tinea tonsurans is ring-worm of the scalp, and gets its title of *tonsurans* from the clipped or cut look of the broken hairs which it causes. The entire scalp, or only portions of it, may be occupied by the *tinea tonsurans*. The hairs are rendered lusterless and inelastic, their toughness is destroyed, and they are broken off close to their roots. The rings described in the first *tinea* are less colored in this, and the scurf is more abundant. The scalp feels to the hand dry, rough, harsh. Protracted existence of this disease may permanently destroy the hair. This is the same ringworm as *tinea circinata*, and owes its dissimilar features to its situation. The same parasite, *trichophyton tonsurans*, is found in both.

Tinea versicolor, whose parasite is called *microsporon furfur*, I showed you in one of the earlier lectures, on the person of a German youth who had incipient phthisis. This eruption is most usual on the chest and shoulders. Sometimes it covers the entire trunk and upper extremities. I have never seen it on the legs, and in but one case on the neck. On the face and hands it is said never to come. Delicate persons, and especially those of consumptive tendency, seem

most prone to it. This may arise from the fact that we are more apt to see the skins of our phthisical patients in our examinations. It is rare in children. It gives usually little or no annoyance, and may exist for years unobserved by its possessor. It occurs in tiny rings, which enlarge irregularly. It is also in round and crescent forms, and these coalescing make splotches of all sizes and shapes. Sometimes healthy spots of cuticle may be seen among the diseased, and in other cases the skin is solidly covered by the *tinea*. The parasitic skin is slightly elevated above the normal, and may be of any hue from a pale lemon-color to an olive brown, and I have seen it faintly pink. Innumerable diminutive scales cover the eruption, and when the surface is dry come off like fine bran. When moist these superabundant epidermic scales rub off in rolls of "dead skin." Slight itching is not a rare accompaniment of *tinea versicolor*. (*Versicolor* means changeable color, and from its variety of color in different cases arises its name.) The life of this parasite is only cut short by treatment. It is the least difficult of its class to destroy. Constitutional treatment is called for in most cases. This malady has several erroneous names, such as *vittiligo*, *chloasma*, and *pityriasis versicolor*.

The next disease on our list is far less frequent than the last spoken of. This is *tinea decalvans*, called also *alopecia areata*, *alopecia circumscripta*, and in common language "smooth ring-worm." It consists, usually, in circumscribed bald spots on the head, roundish, ovoid, serpentine, and of irregular shape. The skin of the bald places is diminished in thickness, is of absolute whiteness, and is as smooth as polished ivory. It is unattended by itching or desquamation. Indeed, the entire visible features of *tinea decalvans* are comprised in the single word, baldness. The disease comes on suddenly in many instances, at least discovery of the hairless spot is often the first intimation of the malady. In others the hair drops more gradually, but in all cases the alopecia is at first circumscribed. In other words, it begins in spots, and not dif-

fusedly as in the alopecia of age or in that consequent on severe attacks of fever. All hairy portions of the body are liable to this tinea, but it is far most frequent on the head, and next in frequency it attacks the beard. I have treated two cases in which the entire scalp was bald, and in one of these, a female, the brows and lashes were destroyed. In both recovery occurred. Some cases of alopecia areata get well themselves, some resist all treatment. As a rule it yields kindly to the parasiticides. The plates before you represent this affection perfectly. Its parasite is called *microsporon audouini*.

Tinea favosa, *favus*, or honeycomb ringworm, you see on the model and on the plate. From its roundish, yellow cups, packed closely side by side, and thus pressed into somewhat angular shapes, it gets its name *favosa*, or *favus*, which means honeycomb. The favorite soil of *favus* is on the scalp, but it may grow on any part of the body. It commences oftenest in children, and it lasts till destroyed by treatment. The yellow cups vary from a pea to a ten-cent piece in size, and are filled with a yellowish granular substance. This varies from bright yellow to cream color. Ulceration and consequent destruction of the hair bulbs is usual in *favus*, and thus scars and permanent baldness often result. *Favus* is considered to be more usual and more severe in scrofulous persons than in others. It is a very rare disease. I have encountered in this city in eight years three cases in the human subject, one in a cat, and one in a mouse. The first *favus* affected the scalp and finger nails of a dissipated gentleman. His scalp was entirely cured by carbolic acid, but his nails remained diseased to the day of his death, which occurred several years after I first saw him. The second patient I saw but once. His head was devoid of hair save a dead-looking fringe around its sides and back. The scalp was a mass of *favus* cups in their most magnificent form. The third case was on a handsome Irish girl, aged eighteen. Her head was covered all over and nearly half an inch thick by the *favus*. On her arms and shoul-

ders were large patches. The disease appeared during her infancy, and exists up to this time. She objected so to the burning of the carbolic acid which was applied to a portion of her *favus* that she left the city hospital a few days after coming under my care, and she has never since submitted to treatment. The fourth case, that of the mouse, occupied one ear and the side of the head. The eye was totally destroyed, and its socket was filled by the parasite. The animal was excessively emaciated, and almost helplessly feeble. His *favus* and that of the cat were cream colored, but otherwise exactly resembled the disease on the persons first described, and the *favus* parasite was present in both. In the American Practitioner of June, 1872, I reported the case of the cat. A little girl found the animal on the street sick and friendless, and took her home. A close intimacy between them ensued. When I saw the child some weeks after I discovered on her skin a dozen or twenty batches of *tinea circinata*. Shortly after this the mother got a number of similar patches on her. This lady having asked me to examine the cat, I did so, and found large crusts of *favus* cups on the animal's belly, having all the features of the most pronounced *favus*. Carbolic acid cured mother and child. Dr. Lowe, of London, reports that under his care a patch of *favus* passed into *tinea tonsurans*, and he at the same time contracted therefrom a *tinea circinata*. Dr. Tilbury Fox says *tinea versicolor* may produce *tinea tonsurans*. Dr. Draper, of New York, reports the case of a family which was attacked by *favus* gotten from a cat that had taken it from mice. Dr. Tilbury Fox records two cases of *favus* in brothers who contracted it from "scabby" white mice. From these cases I am compelled to believe in the contagiousness of *favus*, and that these various parasites are merely modifications of the same plant.

I should have mentioned in the proper place the most unique feature of *favus*—that is, its *odor*. This is always present, and is pathognomonic of *favus*. It is exactly that

emitted from the urine of the mouse. It is a musty smell like that of rotting wheat bran. If you desire to procure the favus odor you may readily do so from an old mousetrap or from a cage of mice.

Achoreon schönleini is the title conferred on the parasite of favus. Of all its order it is the most serious in results and the most difficult of eradication.

Tinea sycosis is the last parasite I shall show you or discuss. Chin-welk is its common name, and *microsporon mentagrophytes* is the designation imposed on its parasite by the dermatologists. It is equally rare and obstinate. Its home is about the roots of the hairs on the upper lip and chin. The hair follicles become inflamed from the irritating presence of the parasite, and swell to many times their normal caliber. A distinct tubercle forms around each hair follicle, and from it issues a thick, gummy matter. Itching, burning, smarting usually attend sycosis. This, like all facial eruptions, is popularly called "barber's itch." Herpes febrilis may be mistaken for sycosis by careless observers.

And now for treatment of these parasites. For *tinea circinata* wash and rub well with strong soap and warm water. Apply a two-and-a-half or five-grain watery solution of corrosive sublimate. It is soon cured. For *T. tonsurans* pull out the hairs and use the same treatment as for *T. circinata*. Though slower to depart than the first, this tinea is always curable. *T. versicolor* promptly yields to the bichloride application, as above indicated. *Tinea decalvans* I have usually treated by blisters or painting with pure carbolic acid, and the results have been satisfactory in almost all cases, though a few have resisted all treatment. Strong corrosive sublimate applications doubtless would equal the cantharides or the carbolic acid in potency. The returning hair is sometimes white, and is usually lighter than the surrounding growth, but in the majority of cases it eventually resumes its original hue. *Tinea favosa* must first have its crusts all cleaned off by poultices, or oleaginous applications, or better still by saturating the

crusts with weak acetic acid. Next, each hair should be pulled out. Epilation, this is denominated. The crusts and hairs being gone, you now employ the bichloride solutions or some other parasiticide, and repeat these procedures until your patient is relieved. The obstinacy of favus is acknowledged by all, and by some it has been held incurable. *Tinea sycosis* yields tardily but surely to the epilation, ablution, and corrosive sublimate solutions. I will not consume your time by enumerating other remedies and lines of treatment. Should these I have advised fail, you can then consult the works on the subject. Of course you must keep a lookout in these, as in all the dermatoses, for indications for antiperiodics, tonics, alteratives, and the like.

And now, gentlemen, I have brought to your notice in eight lectures, verbally and by illustration with plates, models, and cases, the skin diseases you are likely to meet in your practice. I have not attempted to describe to you any of the vegetable parasitic plants. They are indescribable. They are as amorphous as a handful of hay, and in appearance more like it than any thing I can think of. Even with the microscope's marvelous aid only practiced eyes can readily recognize the different parasites. I have not mentioned the specific eruptive diseases syphilis, measles, scarlatina, and the others in this course, as I do not deem them as correctly skin diseases. Your reading on dermatology will make you aware that some of my views on the subject are new, and I am confident that experience and careful observation will convert you to the correctness of my teachings if you have not already accepted them as true.

In conclusion, let me impress on your minds the importance, in most cases of disease, of discovering their cause and of shaping your treatment by this rather than by mere symptoms. Bear in mind also that you will find malaria (I mean the intermittent fever poison, whatever that be) the most abundant source of acute disease, and that struma is the foundation on which most of

the chronic cases are laid, and that these two causes frequently combine. Finally, learn to observe and to think for yourselves. Put not your faith implicitly in books. Keep from your minds the commonly accepted and erroneous idea that an author is necessarily an authority, for medical works are often a delusion and a snare. We all have much to learn, and the older members of the profession have much to forget.

Miscellany.

THE MEDICAL SOCIETY OF LONDON.—This society held its first meeting of the session 1876-77 on Monday evening, in Chandos Street. There was a large muster, and the room was crowded. Among those present were the president of the College of Physicians and ex-presidents Mr. Bryant and Mr. Gay. A warm welcome was given to the president, Mr. William Adams, in taking the chair. The president, in his address, first alluded to the loss the society had experienced during the recess by the death of ex-presidents Dr. Sibson and Mr. Victor de Méric. He then gave an account of the visit of himself and the senior secretary, Mr. Richard Davy, to the United States. They were received with the greatest hospitality and courtesy by their American *confrères*, and Mr. Adams had been made vice-president of the international congress. After describing the meeting, which was most successful, and giving a sketch of the different institutions connected with medical teaching in Philadelphia, Mr. Adams gave some account of the museum of the war in Washington, which is located in the theater where President Lincoln was shot. He then referred to surgical matters in New York in the following terms: "In passing through the wards of the various hospitals we saw the same mechanical appliances used in the treatment of fractures and other injuries that we are accustomed to see in London hospitals. The principle of weight-extension we should

expect to see everywhere adopted, when we remember that it is to American surgery we owe the introduction of this plan into surgical practice both for the treatment of fractures and for the relief of acute pain in hip-joint disease. Dr. Gurdon Buck, of New York, was, I believe, the first to apply the principle of weight-extension to the treatment of fractures of the thigh; and Dr. Davies, of New York, was undoubtedly the first to apply this plan of weight-extension for the relief of the acute pain which occasionally occurs during the progress of hip-joint disease. Dr. Davies also gave the explanation of the relief afforded by weight-extension, which has since been generally admitted—viz., that it acts mechanically in relieving articular pressure when the surfaces are brought into contact by reflex muscular contraction. This was undoubtedly a great advance on the former practice of treating the acute pain by local and general antiphlogistic treatment and counter-irritation, and it is now pretty generally practiced in this country, though not to the extent it deserves. American surgeons are good anatomists and dexterous operators. There seems to be a mechanical genius in the American people, and the ingenuity of American inventors in machinery, whether for railway purposes, water-supply to their great cities (the works of Chicago and New York are among the wonders of the world), for the ordinary domestic purposes of every-day life, and for surgical purposes, is universally acknowledged. In practical surgery we know there is much need of mechanical skill and ingenuity, both for inventive purposes and in the adaptation and application of existing instruments, and this is certainly displayed in a remarkable manner by American surgeons." Mr. Adams's tribute to American surgery was received with cordial applause. As a memento of the visit of the delegates of the Medical Society of London to the congress in Philadelphia, four distinguished American surgeons were made honorary members of the society—viz., Professor Gross, Mr. Pancoast, sr., Professor Austin

Flint, and Inspector-General Barnes, of Washington. The meeting then broke up, but, in scattered groups, the Fellows remained some time in earnest conversation, not having seen much of each other during the recess.—*British Med. Jour.*

A CANDIDATE FOR DISSECTION.—Professor Flower, the able conservator of the Hunterian Museum, who is ever on the look out for preparations to enrich the collection, and who some time ago expressed a regret in his annual report to the Council of the Royal College of Surgeons on the state of the museum that so few contributors sent pathological specimens, received lately, we hear, with no little surprise, a visit from a lady, who perhaps had seen the report in question, and who at once stated the object of her visit, and handed him a document, sealed, signed, and duly executed, to the following effect: "This is the last will and testament of me. I appoint the president at the time of my decease of the Royal College of Surgeons of England the executor of this my will. Believing that it is the duty of every member of the human family to devote their bodies after death to scientific examination until the principles of physiological science are thoroughly established, I direct that, in the event of my decease in the United Kingdom, my executors shall give my body, immediately after my decease, to the authorities of the Royal College of Surgeons of England. I desire that such body shall be completely dissected in the most thorough manner known to science. I desire that all possible facilities shall be given for the inspection of such body in its various stages of dissection by any person desiring to inspect it, and more particularly by persons of the female sex. I also desire that any facts that may come to light in consequence of such dissection that may be new or in any other way advantageous to be made public should be published. I also desire that, after such dissection as aforesaid, my body shall be destroyed in the most economical and expeditious manner possible,

except that I should wish that some remnant thereof, if it can be preserved in an innoxious state, should be preserved in the college and identified as a portion of my remains. I should also wish that if any of my friends should desire to have a remnant of my said body they should be at liberty to do so." The document was duly executed and attested by an eminent firm of solicitors. It is dated September 20, 1876. The president having been requested to accept the trust, the proceedings were duly reported to the council on the 19th instant for confirmation.—*British Med. Jour.*

HOW AN INFANT'S CRADLE SHOULD BE ORNAMENTED.—Considering that the Vassar and Gerton Female Universities are such modern foundations, and that the mothers of the last forty or fifty centuries have had so slight a chance of acquiring the higher sciences, it seems miraculous that so many infants have escaped with life and reason. Dr. Seguin, in the *Popular Science Monthly*, says: "The form of the cradle demands fitness; its ornamentation requires a more extended knowledge. When planning it a mother must remember that the fixity of the eye upon any object—particularly upon a bright one, and more so if that object is situated upward and sideways from the ordinary range of vision—and through the eye the fixedness of the mind while the body is in a state of repose, constitute a concurrence of conditions eminently favorable to the production of hypnotism and its terrible sequels, strabismus and convulsions. Hypnotism, which, when unsuspected, is not controlled, is often mistaken for tranquil happiness or natural sleep. Psychologically viewed, the decoration of the cradle is of equal moment. To surround an infant with highly wrought or colored figures is often grotesque, or at least untrue to nature, and may, by day, attract more attention than his faculties of perception can safely bestow; hence fatigue of the brain, or worse; but it will, by night, evoke other than the perceptive and rational powers, for, when the lights and shadows of

dusk alter the forms and deepen every color, the faculty of imprinting images being led astray, it photographs distorted imprints from confused, often moving, sometimes rustling, ornaments. In this way the mind is made the subject of hallucinations, which it accepts as objective, without inquiring into their causes, till it comes to the fatal *credo quia absurdum* (I believe, because it is absurd). The seeds of most of the insanities are sown at or before this time."

MEDICAL STUDENTS, 1876.—The following is a list of the numbers of students of medicine registered at the Royal College of Surgeons of England this session from the metropolitan schools, distinguishing the new entries for the session. It will be seen that the number of new students is large, especially at the great city hospitals:

St. Bartholomew's.....	374,	including	131	new	entries.
Guy's.....	317	"	95	"	"
University College.....	279	"	79	"	"
St. Thomas's.....	177	"	43	"	"
St. George's.....	136	"	33	"	"
London	123	"	35	"	"
King's College.....	105	"	28	"	"
Middlesex.	101	"	38	"	"
St. Mary's.....	82	"	26	"	"
Charing Cross.....	70	"	29	"	"
Westminster.....	28	"	9	"	"

The gross number registered amounts to 1,793, including 546 new entries.

DR. LAYCOCK died, in the sixty-fifth year of his age, of pulmonary phthisis, on September 21, after an illness whose final outbreak lasted five months, but whose first threatenings dated twenty years before. His first paper was written in 1837, and the whole number of his contributions is stated to have been about three hundred. In 1855 he was elected Professor of the Practice of Medicine and of Clinical Medicine in the University of Edinburgh. The general line of his thought and the greater part of his consulting practice were in the diseases of the nervous system. As a lecturer he was not very popular with the average student, but he always attracted to him the best minds of the class, and is said to have influenced such to a remarkable degree.

INVENTIVENESS OF SUICIDES.—The great truth that private enterprise is more productive than any government supervision can be is happily illustrated by the information, for which we are indebted to a French writer, M. Camille Debans, that while individuals have discovered one hundred and seventy-four different ways of committing murder (exclusively of the regular medical profession), the governments of the world, civilized and uncivilized, have hit upon no more than fifty-four different ways of inflicting the death penalty.—*Med. and Surg. Reporter.*

"For myself," said Dr. Cochran, of Alabama, "I have no hesitation to avow my own preference for the old common-law system as being much nobler than the system of our American statutes. As Sir Benjamin Brodie has expressed it, 'medicine is one of the noblest of the professions, but the worst of all possible trades;' and whatever has a tendency to assimilate medicine to the level of the trades has a tendency to demoralize it."

NO. 41 of the *Berliner Klinische Wochenschrift* gives the following: "At the close of the collegiate year 1875-76, 378 medical students presented themselves before the imperial examining committee and the committees of the Prussian universities, nine in number—Berlin, Bonn, Breslau, Goettingen, Greifswald, Halle, Kiel, Koenigsberg, and Marburg—for examination. Of these, 292 passed the examination, and 86 were rejected.

THE FIRST BLOOD.—The Royal Society for the Prevention of Cruelty to Animals have arrested and had fined one shilling and costs a Dr. Abrath, of Sunderland, who announced a lecture on Antimony, with illustrative experiments. The vivisection bill had been in operation three days.

PROF. JOHN CABELL, of the University of Virginia, is president of the Virginia State Medical Society this year.

Selections.

HOT-WATER INJECTIONS IN UTERINE HEMORRHAGE.—Dr. Windelband, at a meeting of the Berlin Medical Society, read a paper bearing the above title descriptive of a practice which, paradoxical as it may appear, he regards as one of great importance and efficacy. His attention was first drawn to the subject on perusing an account extracted from an American journal, in which Dr. Mann described the great benefit he had derived from hot-water injections in two cases of abortion; the pains, which had abated, being again aroused, and the hemorrhage ceasing. Called himself soon after to a case of abortion at three months, in which plugging, ice, ergot, etc., had in vain been tried to induce pains and check hemorrhage, he found the cervix uteri much relaxed and the patient almost in a state of collapse. He resolved to try the injections, and, having introduced the uterine tube of a syringe into the cervix, threw in water at a temperature of 38° or 39° Réaumur (118° to 120° Fahr.) Immediately the hot water gained admission the cervix began to contract, and uterine pains were aroused; and by the time that eight or ten injections had been made, at intervals of five or ten minutes, the whole contents of the uterus had been expelled and the hemorrhage completely arrested. Encouraged by such success, Dr. Windelband has pursued the same practice in all subsequent abortions of a similar character; and, indeed, in all cases of hemorrhage connected with uterine relaxation, at whatever period this occurred, as also for the relief of spasmodic pains, and for the excitation of pains when too feeble, he has always availed himself of this stimulant, and has never found any disadvantage result from the practice. He relates two cases of placenta prævia in which the hemorrhage was permanently arrested.

Dr. Windelband stated that he only brought these few cases before the society as specimens, assuring it that he had also met with a great number of abortions and deliveries (the latter less numerous than the former) in which severe hemorrhage was present, in the relief of which he had almost exclusively relied upon this means without being disappointed, and without having witnessed any subsequent ill effects resulting from it. In cases in which hemorrhage has resulted from other causes—such as changed position of the organ, chronic inflammation, or uterine fibroma, palliative treatment by this means has proved of great value. He cites the case of a lady, the subject of two intramural uterine fibroids, in whom sudden excitement, mental disturbance, etc., brought on violent attacks of hemorrhage, by which, owing to the distance at which she lived from medical aid, she was often placed in a dangerous position; but having the means at hand of using these hot-water

injections, she found herself in comparative safety, and could even venture upon long journeys, while formerly she hardly ever dared to leave home. A two-years' experience in treating the most varied and violent forms of uterine hemorrhage has amply proved that in these injections we have a most invaluable and certain means of dealing with these dangerous cases, which is much to be preferred to the employment of cold; astringents, etc., when prompt treatment is required. Plugging during the above period has only been resorted to when from the suddenness of the occurrence of hemorrhage a syringe or suitable apparatus has not been at hand. As far as a limited number of trials show, it seems also that the injections may be used in various conditions of the uterus which, independently of the existence of hemorrhage, call for a local stimulating treatment.

As to the mode of procedure, the injections have always been administered by means of a simple irrigator (the patient lying on her back), which enables a continuous and energetic stream to be propelled, the temperature of the water employed commencing at 38° R. (118° Fahr.), and increasing to 41° R. (124° Fahr.), the sensibility of the organs soon adapting themselves to the increased temperature. Not only are the effects soon produced, but they are unaccompanied by any of the unpleasant sensations and the various serious inconveniences that the application of cold so often gives rise to. While the warm injections are agreeable to the feelings of patients, however varying their susceptibility to pain may be, they never induce painful or mischievous reaction.

Dr. Windelband, in conclusion, observes that if it be objected that these results derivable from the warm injections are not in harmony with the well-known effects of warmth in producing relaxation of tissues and dilatation of vessels, attention should be directed to the fact that it is not warmth that is thus applied, but heat, and that we have to do with a contractile organ of very easy excitability. In fact, this heat arrests hemorrhage by stimulating the muscular fibers of the uterus, just in the same manner as the application of cold does so. The enormous contractile action induced by the injection may be judged of by placing the finger within the cervix while they are being administered. That they induce any direct coagulating power upon the bleeding vessels is not to be supposed, as no signs of such power have been observed, and the temperature employed is insufficient for that purpose.—*Deutsche Med. Woch.*—*American Journal of Medical Sciences.*

CONSTITUTIONAL NATURE AND TREATMENT OF FISSURES OF THE NIPPLE.—Dr. LeDiberder, physician-in-chief to the Hospital of Lorient, is of opinion that the frequent (or rather general) failure of local treatment for this distressing affliction of nursing-

women is to be found in the fact that "the fissures are not the only trouble; they are only a manifestation of a general disorder very common in the puerperal state." The appearance of fissures is soon followed by febrile symptoms; the pulse becomes frequent, the skin hot; there is marked thirst and general lassitude, and sweating terminates the febrile paroxysm. It will be fortunate if under the influence of these paroxysms, "which assume a type distinctly periodical, with shorter and shorter intervals, the local affection does not pass into engorgement of the breast, terminating in abscess. In any event, the fissures being the consequence of a pathological condition, which is betrayed, or about to be betrayed, by paroxysms of fever, the treatment indicated thereby will necessarily be the employment of febrifuges. In other words, fissures of the nipple are in the highest degree amenable to quinine. It is now thirty years since I began to apply these principles in practice. I have always seen speedy improvement follow the administration of quinine, and the cure is rapid—in from three to five days. It is, of course, more rapid as the treatment is more properly begun."

The author relates four cases in illustration. In two of these, as soon as the fissures made their appearance, with the attendant feverishness, he prescribed forty centigrammes (about six grains) of the sulphate of quinine early in the morning, and a like dose at half past ten o'clock A. M. In the other two cases the doses were rather smaller, but the periods of administration the same. These doses being kept up until decided improvement had taken place, the quinine was then continued in smaller doses until the cure was completed. The results of this treatment in all the cases reported seem to have been all that could have been desired. Local treatment was not altogether omitted, though regarded by the author as of secondary importance. He generally directed poultices, either of starch or linseed meal, or some one of the washes or salves which have become popularized in French practice.—*Annales de Gynécologie*.

DIFFERENTIATION BETWEEN CROUP AND DIPHTHERIA.—Dr. Stewart (Phila. Medical Times) has the following summary: "Croup is ushered in by a cough; diphtheria by a chill. Croup is most frequent when there is greater humidity in the atmosphere and the east wind is prevailing; diphtheria does not depend upon meteorological changes. Croup is not contagious; diphtheria most decidedly is. Croup comes on suddenly; diphtheria may be tardy. Croup is recognized by the croaking sound; diphtheria is known by the patches of membrane on the throat. Croup must be promptly relieved; diphtheria is tardy in its resolution. Croup does not affect the system; diphtheria is very prostrating. Croup occurs most

frequently in childhood and from two to five years; diphtheria occurs at all ages. Croup is apt to occur very often in the same case; diphtheria may occur more than once in the same case, but the patient is not so liable to a second attack. I might add also the contrast in the chemical condition of the urine and the blood; but will simply mention that the urine is not affected in croup, but in diphtheria it becomes albuminous. So also in the blood there may be an increase of a normal constituent—fibrine—in croup; but in diphtheria there is a morbid condition of the blood not determined by increase of a normal constituent, and produced only by a poison in the system. In consequence of the above conditions there are no offensive exhalations arising from croup which are very manifest in diphtheria."

TREATMENT OF CROUP.—"I will mention those remedies which are most frequently used, and which generally prove successful, with a view to show the contrast of these two diseases throughout, rather than to hope to benefit you by any new suggestions. The first effect which we most desire is free emesis, which, if taken in time, gives instantaneous relief. Among the various remedies first and mildest is ipecacuanha, either alone in powder or syrup or combined with tartarized antimony. Mustard is very efficacious, the pulverized sinapis of the Pharmacopœia, in teaspoonful doses given in water. The various nauseating oils are resorted to often with good effect. Last, and perhaps best of all, is powdered alum and syrup, equal quantities of each, given for effect, it may be in teaspoonful doses every five minutes, until free vomiting of the membrane is produced. When the emetics do not prove satisfactory, cathartics and absorbents are resorted to. Calomel and soda are very beneficial combined together in small doses and frequently repeated. Local applications in croup are very efficacious. Perhaps after the first emetic the child should be put in a warm bath of 96° containing salt and mustard, and, after remaining about ten minutes, taken out, wiped dry, and wrapped up in warm blankets. The counter-irritating action of mustard, if taken early in an attack, acts almost like a charm in its prophylactic effect. Spiritus terebinthinæ is also well worth resorting to, both as an irritant and resolvent, in the rapidity with which it is absorbed into the system. Blisters are not necessary nor considered efficacious, as being too slow in their effects. After all the prompt appliances have produced as much irritation as is tolerable, an after-application of an unctuous nature, such as lard and snuff combined, should be worn over the breast for some time, as the disease frequently manifests a disposition to return about the same time for three or more successive days. The patient must be carefully guarded against any change of temperature or vicissitude that might

provoke a return of the disease. After the choking paroxysm of the disease has passed away, the patient should take an expectorant to allay the remaining irritation and cough. Perhaps as good a combination as might be suggested for this purpose would be a mixture containing equal parts of syrup of senega, squills, ipecacuanha, acacia, and pectoric. In a few days all the symptoms will disappear, and the patient will be well and hearty."—*Ibid.*

TREATMENT OF DIPHtheria.—"I will not stop to enumerate the long list of remedies used, but will confine myself to the method which I have adopted, and with such evident success that I feel glad to announce to any of you who have not followed the same line of treatment that you will be compelled to say 'Eureka.' I am sure I feel quite as enthusiastic in the success of the treatment which I propose to lay down as one of our number is in the treatment of variola with milk-punch and egg-nog. If you are permitted to see the patient within the first few hours of the attack, commence your treatment at once with quinine and aromatic sulphuric acid in doses suitable to the age of the person receiving it. Give freely of solution of chlorate of potassa, as a disinfectant, and perhaps you will not be required to administer any other remedies. If, however, the membrane has become so thickly deposited as not to be affected by the acid and chlorine, you should apply with your own hand a mop, properly made, saturated with the liquid persulphate of iron, and literally swab out the throat until you remove every particle of membrane. Let this be repeated two or more times each day, or as often as the membrane would continue so to be reproduced, and you will have the satisfaction of seeing your patient make a speedy recovery without any of the consequent sequelæ. I took my first hint of the sulphuric-acid treatment from a short extract which I clipped from a paper coming from a doctor in Australia, where the disease was producing such extensive ravages that the government offered a large reward for any certain method of cure. I will quote from the paper: 'It is simply the use of sulphuric acid, of which four drops are diluted in three fourths of a tumbler of water to be administered to a grown person, and a smaller dose to children, at intervals not specified. The result is said to be a coagulation of the diphtheritic membrane, and its ready removing by coughing. It is asserted, where the case thus treated has not advanced to a nearly fatal termination, the patient recovered in almost every instance.' This suggested to me the treatment which I have already announced; and from the experience of entire success which I have had in the last two years in not having one fatal case during that time from that disease, where I had the treating of the case from the beginning, I do not hesitate in declaring it as my opinion

that quinine as an eliminator of the poison from the system, and sulphuric acid as a detergent to the throat, are decidedly as much a specific for diphtheria as quinine is for intermittent fever, or iodide of potash and bichloride of mercury are for tertiary syphilis."—*Ibid.*

CONTRAST IN TREATMENT OF CROUP AND DIPHtheria.—"In croup we must adopt prompt measures in the beginning of the disease; in diphtheria it is not always evident in the first symptoms what the disease will be. In croup emetics are indicated; in diphtheria emetics are too prostrating. In croup counter-irritants are very essential; in diphtheria counter-irritants are of no avail. In croup no topical applications are made to the membrane; in diphtheria mopping off the membrane is a necessity. In croup expectorants are required; in diphtheria they are not needed. In croup depressants are given; in diphtheria stimulants are required."—*Ibid.*

ACTION OF SALICYLIC ACID IN DIPHtheria.—L. Letzerich states that diphtheritic organisms (fungi obtained from the urine of children suffering severely from diphtheria, and consisting of bacteria, masses of protoplasm and micrococci) placed in a closed vessel with solution of salicylic acid containing 0.35 of the acid, one part of spirit and 59 of water, when examined after an interval of five months, were all found lying dead at the bottom of the vessel. A few drops of weak solution of salicylic acid (of about one third the above strength) brought into contact with diphtheritic organisms arrested the movements of the bacteria present gradually; stronger solutions arrested them suddenly. The plasma corpuscles lost their brilliancy and acquired a double outline, as if they were surrounded by an extremely delicate membrane; the substance of the protoplasm appeared to contain bubbles of air. Letzerich treated seven cases of diphtheritis with gargles of salicylic acid, and all of them successfully. In two other instances powdering the surface with a little dry salicylic acid proved very effective. From these and other observations and experiments he believes that salicylic acid is a powerful and anti-diphtheritic agent.—*Centralblatt für die Chirurgie.*

CHLORAL IN PITIRIASIS CAPITIS.—Martineau described to the Société de Therapeutic his success with five-per-cent solution of chloral in water. The solution is rubbed in gently with a sponge, relieving the itching and separating the scarf-skin. New cases do best, but even old ones were successfully treated in this way. If papules appear, or erythema, Martineau adds twenty per cent of the liq. Van Swieten to the solution, which increases its efficacy. When these complications have disappeared the simple chloral solution is again employed.—*The Doctor.*

SULPHUROUS-ACID WASH AS AN ANTISEPTIC IN COUNTRY PRACTICE.—Mr. John Balfour strongly recommends (Edinburgh Medical Journal, August, 1876) sulphurous-acid wash, originally devised by Dr. Dewar, as a valuable antiseptic for the use of the country practitioner, who may be called on at any moment to operate in slight cases without any assistance, and to perform a capital operation with such aid as may on the spur of the moment be available. He says he has now used it "for many years with great satisfaction in all cases of factory accidents, cuts, and lately in a case of amputation at the shoulder-joint. In the proportion of one in twelve of water, I find that it at once alleviates pain, minimizes suppuration, is easily applied, and facilitates dressing the wound, while it costs almost nothing. When the fingers are the parts injured, I have a large teacup filled with the wash put by the patient's side, and into this the injured part, covered with the thinnest rag to be had, is dipped as often as desired. Should the injured part be the hand or any other part of the body, it is supported on a pillow covered with gutta-percha tissue or oil-skin, and the wash is applied by means of a little tow, which is allowed to remain in the cup."

LIQUOR POTASSÆ IN CHLOROSIS.—Professor A. P. Reid records a case in the Canada Medical Record illustrative of the value of liquor potassæ in the treatment of chlorosis. The patient, aged twenty-four, suffered from nervous debility, amenorrhea, anæmia, venous hum, anæmic cardiac murmur, and general anasarca, which simulated the last stage of Bright's disease; but there was no organic disease. Liquor potassæ, ten-minim doses, in mucilage, were given three times a day, and on the second day the swelling of the legs was less. After two weeks of this treatment the anasarca had quite disappeared, and the patient could sit up. The medicine was continued with for a week longer, and after five weeks the patient left the hospital quite restored, the only other means used being milk and nourishing diet. The professor suggests that as in chlorosis there is retention of the masses of an excrementitious blood, which debilitates, if it does not poison, the assimilating properties of the tissues, therefore an agent like liquor potassæ stimulates excretion in the best medicine. Since then he has treated several similar cases on the same plan, and invariably with success. No other medication is employed, except an occasional laxative is required.

POISONOUS EFFECTS OF SANTONIN.—It is as well to remember that this useful anthelmintic is not without poisonous properties, even in comparatively small doses in some cases, for recently Prof. Binz reported a case in which a child two years old had taken one grain and a half. Violent convulsions set in, which

commenced in the face and extended to the extremities; at the same time respiration was much impeded. The means used for recovery were warm baths, vinegar enemata, plenty of fluids to drink, and artificial respiration. Professor Binz's experiments on animals demonstrated that the convulsions produced by santonin could be controlled by chloral or ether. He therefore recommends the same treatment in the human subject, conjoined with artificial respiration, and abundance of laxatives and diluents for the purpose of elimination."—*The Doctor*.

BICARBONATE OF SODA IN THE SUPPRESSION OF URINE.—Dr. W. L. Lane states (Brit. Med. Journ., July 15) that he has found nothing so useful in suppression of urine from renal disease as the bicarbonate of soda. He has used it in a great many cases with success, and quotes the following remark of Dr. Dickinson in his lectures on albuminuria as confirmatory of his statement: "But it is worth mention," says Dr. D., "in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, while the urine is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging from this cause can be prevented by alkalies."—*Amer. Journ. of the Med. Sciences*.

HYPODERMIC INJECTION IN TYPHOID FEVER.—*L'Abeille Médicale* quotes from *L'Union Médicale* a prescription which Dr. Ravicini recommends in the treatment of typhoid fever. It consists of sulphate of quinine, 2 gr. 50 centigr.; chlorhydrate of morphine, 0.5 centigr.; water, 25 grammes. Of this, 85 centigrammes is injected six times daily; and the doctor states that according to his own experience great improvement follows its administration—the headache and meteorism diminishing, the tongue cleaning, and convalescence sometimes commencing at the end of the second week, or at the third at the latest. The object of adding the morphine to the quinine is to moderate the nervous symptoms so common to typhoid fever.

ERGOT AS A PREVENTIVE OF AFTER-PAINS.—Dr. LeDiberder remarks that in order to prevent after-pains he is in the habit of giving ergot directly after the expulsion of the placenta, with the object of bringing about a firm and persistent contraction of the uterus, in lieu of those alternate relaxations and contractions by which after-pains are produced. He orders a two-ounce mixture containing 2 grammes (3ss) of freshly powdered ergot, of which he directs a tablespoonful every ten minutes until the whole has been taken.—*Annales de Gynécologie*—Extract from *Virginia Medical Monthly*.